

Into the Mouths of Babes

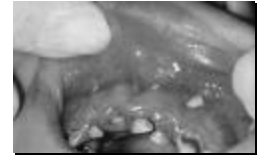
NC Oral Screening and Varnish Project

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NC History

- 25% of ALL children entering kindergarten have visible, untreated decay
- 20% of indigent 3 year-olds have decay
- Dental disease is directly related to family income



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Access Problems

- Few dentists treat children under 3 years
- Few/no dentists in rural areas
- Low Medicaid participation

Would parents take these children to the dentist?

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The Partnership

- NC Academy of Family Physicians
- NC Pediatric Society
- NC Division of Medical Assistance
- NC Oral Health Section
- UNC School of Dentistry
- UNC School of Public Health

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Funding

- Centers for Disease Control
- Centers for Medicare and Medicaid Services
- Health Resources and Services Administration

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Medicaid's Role

- Only NC is using this medical model statewide for preventive oral services
- Procedure designed for medical providers in a clinical setting
- Dental providers are reimbursed under Medicaid's dental coverage

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Reimbursement

- Up to 6 procedures from the time of tooth eruption until the 3rd birthday
- Must be over 90 days since last procedure
- Amount of reimbursement
- Supplies for one application are \$1.15
- Can be billed 3 ways

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Why primary care providers?

- Recommended by NC Institute of Medicine Task Force Committee in 1999
- Primary providers have early access to these high risk children
- Prevention is preferred to treatment
- Medicaid reimburses for procedure

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Performing the Procedure

- Medicaid-covered children from tooth eruption until the 3rd birthday
- Every 91+ days for a total of 6 procedures
- Can be done with check-up, office visit, or separate procedure
- Works best with well child checkups



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Practice Characteristics

- Number of providers
- Number of patients, % Medicaid
- Number of patients seen per day

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Training

1½ hour course detailing the 3 parts of the procedure

- Oral Screening
- Parent/caregiver education
- Fluoride varnish application

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Training Others in Your Practice

- Session participants can train additional and new staff
- Video, oral health toolkit, starter kit
- Certificate of Training - complete and send to program office



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Identifying Patients for Procedure

- Daily schedule
- Medicaid status and birth date



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Supplies

- Central location
- Accessible to exam rooms



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Fluoride Varnish Kit

- Gloves
- Mouth mirror
- Benda brush
- Gauze
- Varnish
- Finger splint



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Fluoride Varnishes

- Several brands available
- Duraphat has more published studies and clinical trials than the others
- Has been used in Europe and Scandinavia since the 1960's



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How much research has been done on Duraphat?

- A Medline search shows that 111 papers have been published since 1966
- Over 40 of these are clinical trials



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Why Now?

- **Fluoride varnish eliminates the risk of toxicity that exists with traditional fluoride treatments**
 - only a small amount needed
 - immediately adheres to dry teeth
 - amount swallowed is negligible

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Providers

- Oral screening provided by Health Check provider
- Education and varnish provided by physician or the designated physician extender (PA, NP, RN, or LPN) as stated in the Medicaid Bulletin

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Who does the procedure?

- Physician or physician extender does oral screening in physician's office
- Provider may delegate parent education and/or varnish application to an RN, LPN, or CMA
- In health departments an RN or LPN may do the procedure with physician standing orders

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Oral Screening

- Not intended as a diagnosis
- Performed by provider conducting the physical examination
- Refer abnormal findings to a dentist
- Encounter form



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Parent education

- During the appointment
- Use encounter form to assess risk factors



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Parent Education

- Handouts provided in English and Spanish
- Use the risk factor questions to guide emphasis



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Fluoride Varnish Application

- Performed by licensed provider
- Dentoform demonstration



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Using the Exam Table

Parent restraint



Application of varnish

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Patient and Parent Positioning



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Helpful Hints

- Supplies in central location
- Procedure preparation
- Knee-to-knee with parent
- Parent restraint



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Chart Documentation



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Encounter Forms

- Required by Medicaid
- Information entered in database
- Risk factor information provides guidance for parent education



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Participation as of August 2004

- ~ 350 private practices, health depts,
rural health clinics, residency programs
- ~ 2300 participants
- ~ 400 others trained
by participants



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What's next?

- Dental and medical practice acts differ in each state
- Legislative change often needed

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Let's not ignore the problem.

Dental caries is the most common
chronic childhood disease.

It occurs 5x more
often than asthma.



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Questions?



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